SCHS STUDIES

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ABORTION AS A CORRELATE OF FERTILITY AND INFANT OUTCOME IN NORTH CAROLINA

by

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ABSTRACT

For the period 1978-1986, nonwhite abortion utilization was found to be negatively and significantly correlated with the fertility rate and the fetal and neonatal death rates of nonwhite infants born in the same year. Further, correlations between the abortion ratio and the fetal and neonatal death rates of infants born to nonwhite women in specific age, education, marital, and birth-order categories were generally negative and usually high for the more populous categories of women. After adjustment for each of the several maternal variables, correlations between the abortion ratio and the neonatal death rate of nonwhites were especially high, all being statistically significant.

An assessment of 1981-1986 abortion use among nonwhites suggests unmet demand in 1982, particularly during March-June of 1982 when the State Abortion Fund was depleted. In general, a high degree of correspondence is found between fiscal-year measures of nonwhite met and unmet demand and the number of state-funded abortions.

Although the evidence is purely circumstantial, the associations observed in this study seem sufficient to raise concern about restrictions that may serve to reduce abortion among poor women since such restrictions may be followed by increased fertility and perinatal mortality.

INTRODUCTION

In a previous study, it was shown that 1981-82 declines in abortion utilization corresponded to 1982 increases in fertility in nearly all age-race groups of North Carolina's female population (1). At the same time, nonwhite infants born in 1982 experienced a significant increase in neonatal mortality.

The question is whether reduced abortion utilization during 1981-82 might account for the increased mortality among nonwhite infants born in 1982, and similarly, whether increased abortion utilization during 1983-84 might account for the significant reduction in nonwhite fetal mortality in 1984.

A search of recent medical literature (National Library of Medicine, 1983-1987) revealed only one investigation of the outcome of pregnancy in women denied abortion in the United States. In that effort, follow-up information was sought for 316 low-income women who were denied second-trimester abortions at Grady Memorial Hospital in Atlanta between August 1978 and July 1979. Information available on 82 percent of those women suggested that one in five managed to obtain an abortion elsewhere. Among the four in five who continued their pregnancies, neither the rate of serious maternal complications nor the neonatal death rate was increased over that of the rest of the hospital's population. In contrast to this, the report cites studies in other countries which suggest that the infants of women who continue pregnancy after denial of abortion have higher rates of perinatal morbidity and mortality or significantly more later illness than do other infants. (2)

In reading this report, it is important to keep in mind that a single abortion may account for less than one averted live birth because abortions enable women to return to the fertile state sooner than if they had continued their pregnancies. It has been estimated that net births averted per abortion varies from 0.45 to 0.90, depending upon assumptions about the efficiency of accompanying contraception, timing of the abortion, and the age and fecundity of the woman. Similarly, an abortion's ultimate effect on infant loss would vary according to these same assumptions and is conditional upon the potential outcome of the pregnancy that is terminated. (3,4)

The reader should also keep in mind that the ***denial*** of a single abortion may account for less than one birth since the woman may manage to obtain an abortion anyway or may experience a spontaneous abortion following denial. In any event, the ultimate effect of abortion denial on infant loss depends on the outcome of the pregnancy that is ***not*** terminated.

For definitions and formulas for the measures used in this study, the reader is referred to Appendix A.

STATISTICAL ASSOCIATIONS

Table 1 shows the statewide annual abortion fraction and the several annual measures of pregnancy outcome by race for the years 1978-1986. Correlations between the abortion fraction and each of the outcome measures result in the following correlation coefficients:

PEARSON COEFFICIENTS (r) AND SPEARMAN COEFFICIENTS (r_s)

Outcome Indices Correlated with the Abortion Fraction	Number of Years (n)	Whites		Nonwhites	
		r	r_s	r	r_s
Fertility Rate	9	-.66	-.81**	-.89**	-.97**
Percent Low Birthweight	9	-.58	-.47	-.21	-.07
Fetal Death Rate	9	.11	.08	-.86**	-.90**
Neonatal Death Rate	9	-.16	.03	-.93**	-.93**
Postneonatal Death Rate	8	-.05	.15	-.49	-.38
Perinatal Death Rate	9	-.05	-.10	-.95**	-.97**
Infant Death Rate	8	-.34	-.20	-.92**	-.95**

*Statistically significant correlation, $p<.05$.
**Statistically significant correlation, $p<.01$.

TABLE 1
RESIDENT ABORTION FRACTIONS AND PREGNANCY OUTCOME INDICES BY RACE AND YEAR[1]
NORTH CAROLINA 1978 - 1986

WHITES	1978	1979	1980	1981	1982	1983	1984	1985	1986
Abortion Fraction[2]	233.5	246.1	256.9	258.6	256.6	257.1	257.0	240.0	241.7
Fertility Rate	55.0	55.1	54.8	53.8	54.5	53.3	54.3	56.1	54.5
Percent Low Birthweight	6.3	6.3	6.1	6.0	6.0	5.9	6.1	6.0	6.1
Fetal Death Rate	8.5	8.9	8.2	8.1	8.4	7.8	7.7	7.2	7.1
Neonatal Death Rate	9.0	7.8	8.2	7.2	6.9	6.9	6.6	6.0	6.1
Postneonatal Death Rate	3.5	3.1	3.3	3.7	3.3	3.3	3.1	3.3	NA
Perinatal Death Rate	17.4	16.6	16.3	15.2	15.3	14.6	14.3	13.1	13.1
Infant Death Rate	12.4	10.9	11.4	10.8	10.2	10.2	9.7	9.3	NA
NONWHITES									
Abortion Fraction[2]	256.6	266.7	294.7	295.5	279.9	295.6	322.9	306.0	299.9
Fertility Rate	80.3	79.5	77.0	74.8	75.4	70.2	69.0	69.3	71.4
Percent Low Birthweight	11.8	12.1	11.8	11.8	12.1	12.1	11.7	12.2	11.8
Fetal Death Rate	16.4	15.4	14.7	14.5	13.2	13.8	11.3	11.8	12.5
Neonatal Death Rate	16.3	15.5	13.6	12.6	14.7	12.7	11.9	12.3	11.5
Postneonatal Death Rate	7.0	7.7	6.0	6.1	5.9	6.5	6.7	5.8	NA
Perinatal Death Rate	32.5	30.7	28.0	27.0	27.7	26.3	23.1	24.0	23.9
Infant Death Rate	23.2	23.1	19.5	18.7	20.5	19.1	18.5	18.0	NA

[1]The death rates shown here represent deaths among each year's cohort of deliveries. The year 1978 was chosen as the base because it was the first year we had nearly complete reporting of abortee's race.

[2]The abortion fraction rather than the population-based abortion rate is shown because it represents incidence *after* pregnancy has occurred as do the pregnancy outcome indices. The fact is, however, that the abortion fraction and the population-based abortion rate are highly correlated, Pearson's $r = .86$ ($p < .01$).

NA — Not yet available.

Though the correlations involve only eight or nine data points, they are highly suggestive that changes in ***nonwhite*** abortion utilization are associated to a high degree with changes in fertility and perinatal mortality. The chances that these associations would occur by chance alone are less than 1 out of 100. In contrast, low birthweight rates fluctuated only slightly during the 1978-86 period and correlation with the abortion fraction is low for nonwhites. For whites, the abortion fraction correlates moderately well with the fertility rate only.

In addition to the significant results noted above, correlations derived from the 1978-86 data reveal these statistically significant results for nonwhites:

Fertility Rate vs. Fetal Death Rate:
$r = .90$ ($p < .01$); $r_s = .92$ ($p < .01$)

Fertility Rate vs. Neonatal Death Rate:
$r = .89$ ($p < .01$); $r_s = .85$ ($p < .01$)

Fertility Rate vs. Perinatal Death Rate:
$r = .95$ ($p < .01$); $r_s = .95$ ($p < .01$)

Also, on an age-specific basis, the annual abortion fraction and the fertility rate of North Carolina nonwhites are highly correlated: r=–.90 at ages 15-17, –.91 at 18-19, –.95 at 20-24 and –.90 at 25-29; each of these coefficients is statistically significant at $p < .01$. Thus, we appear to have strong statistical associations among the four nonwhite events—abortion, live birth, and fetal and neonatal death. That is, when abortion levels decline, nonwhite fertility and perinatal mortality rise, and conversely. This suggests that abortion opportunity and choices do impact on the pregnancy outcomes of the state's nonwhite women.

MATERNAL CHARACTERISTICS ASSOCIATED WITH CHANGES IN NONWHITE ABORTION AND PERINATAL DEATH

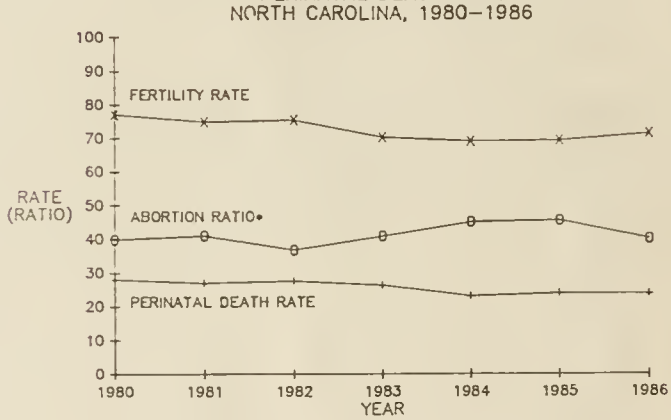
In a previous study (unpublished), it was assumed that a woman's modal gestation at abortion is three months such that, on average, changes in abortion during month X would be expected to affect the number of births in month X+6. Thus, the abortion ratio was computed as abortions in a fiscal year divided by live births in the corresponding calendar year.* The study then examined 1980 to 1985 changes in the abortion ratio against changes in the fetal and neonatal death rates of nonwhite women in various age, education, marital, and birth-order categories. The resulting correlation coefficients for n=6 data years were generally negative and usually high if not significant for the more populous categories of women.

In total, the observed abortion ratio and death rates reflect changes in the sociodemographic characteristics of pregnant women, so it is appropriate to adjust for those changes. This done, using the direct method of adjustment and 1980 pregnancies as the standard, correlations between the abortion ratio and the neonatal death rate were especially high: r=–.91 ($p < .05$) after adjustment for age, –.90 ($p < .05$) after adjustment for education, –.94 ($p < .01$) after adjustment for marital status, and –.93 ($p < .01$) after adjustment for birth order. Before adjustment, the correlation was lower but still significant at r=–.88 ($p < .05$). Thus, the negative association between the abortion ratio and the neonatal death rate was independent of changes in other factors affecting these events.

This study utilizing fiscal-year abortions and calendar-year birth outcomes supports the hypothesis of an association between abortion utilization and subsequent fertility and perinatal mortality among the state's nonwhite women. Figure 1 depicts these associations for the period 1980-1986.

FIGURE 1

NONWHITE FERTILITY RATE, ABORTION RATIO, AND PERINATAL DEATH RATE
NORTH CAROLINA, 1980–1986



•FY ABORTIONS DIVIDED BY CY LIVE BIRTHS, TIMES 100

UNMET ABORTION DEMAND

A number of factors could have contributed to unmet abortion demand during the eighties:

i. A national recession began in mid-1981 and "bottomed out" in December 1982, resulting in the loss of many jobs including approximately 67,000 N.C. manufacturing jobs. Given that the state has one of the highest labor force participation rates for females in general and THE HIGHEST for mothers of minor children, N.C. females of childbearing ages may have suffered unusual hardship during the recession. (5,6)

*In this study, use of the abortion ratio was due to its relative ease of computation and to the fact that the nonwhite abortion ratio and fraction are highly correlated at $r = .98$ ($p < .01$).

ii. During 1981-82, there were cutbacks in a number of social programs including AFDC (Aid to Families with Dependent Children) and Food Stamps, programs that affect the families of poor women of childbearing ages to a substantial extent. These cutbacks resulted from the 1981 Omnibus Budget Reconciliation Act (OBRA) and served to facilitate N.C. reductions of 14% in AFDC cases and 8% in Food Stamp cases between July 1981 and July 1983. (7)

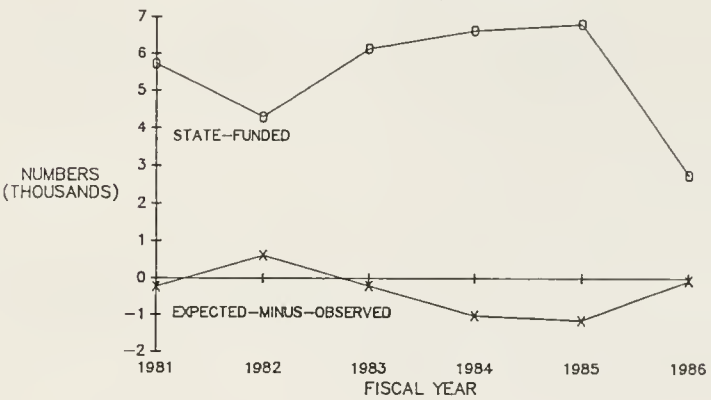
iii. As a result of new legislation in July 1981, the number of state-funded abortions dropped 25% in FY1982 with the State Abortion Fund being virtually depleted during March-June 1982. Thus, some of the state's poorest women may have been denied abortions during that period. Again in July 1985, new legislation resulted in a 60% reduction in state-funded abortions. Appendix B details the history of the State Abortion Fund as provided by the N.C. Division of Social Services.

In light of the above factors, and given the preceding evidence for associations between nonwhite abortion and subsequent fertility and perinatal mortality, it seems prudent to attempt to assess the extent of unmet abortion demand among nonwhites. Again assuming a modal gestation of three months at abortion, Table 2 shows underlying data and estimates of nonwhite unmet abortion demand for fiscal years 1981-1986. Assuming that FY1980 abortion levels would have maintained except for factors such as (i)-(iii) above, unmet demand of 5.7 percent is estimated for 1982 when restrictions in state abortion funding could have been a precipitating factor. In contrast, substantial ***negative*** unmet demand is estimated for fiscal years 1984 and 1985 when the numbers of state-funded procedures were at peak levels. Near-zero unmet demand is estimated for FY1986 when the number of state-funded procedures dropped 60 percent and the statewide number of nonwhite abortions dropped 9 percent. This was followed by increases of 3% in nonwhite fertility and 6% in nonwhite fetal mortality but a ***decline*** of 6.5% in nonwhite neonatal mortality. Thus, the nonwhite events of 1986 were not exactly as one might predict, based on the overall correlations observed in this study. Apparently, many of the poor women who were unable to obtain state-funded abortions managed to obtain one otherwise. A relatively healthy economy in 1985-86 could have contributed to this scenario. Improvements in neonatal care may also have served to lower the nonwhite neonatal death rate despite a higher-risk population of mothers.

Presented on page 2 of Appendix B are the fiscal-year numbers of state-funded procedures. Unfortunately, due to incomplete reporting of abortee characteristics, these data are not available by race, but a majority of the abortees are known to be nonwhite. Thus, it is not surprising to find a moderately high correlation [$r=-.71$, $r_s=-.89$ ($p < .05$)] between the number of nonwhite expected-minus-observed abortions (Table 2) and the number of state-funded procedures (Appendix B). These data are depicted in Figure 2. The percent unmet demand estimated in Table 2 is also found to be highly correlated with the nonwhite fertility rate ($r=.82$, $p < .05$) and the nonwhite perinatal death rate ($r=.77$, $p < .05$).

FIGURE 2

STATE–FUNDED ABORTIONS AND EXPECTED–MINUS–OBSERVED NONWHITE ABORTIONS NORTH CAROLINA, 1981–1986



Going a step further, Table 3 shows estimates of nonwhite unmet demand during the last four months of each fiscal year. The only substantial unmet demand (14%) occurred during March-June 1982 when the State Abortion Fund was virtually depleted.

The reader should consult the footnotes of Tables 2 and 3 for explanations of the methodology used to estimate unmet demand.

DISCUSSION

A number of competing forces may serve to alter the number and distribution of live births and perinatal deaths beyond any shifts due to change in abortion utilization per se. Among the various competing forces or confounding factors are these:

TABLE 2
RELATIVE UNMET ABORTION DEMAND
NORTH CAROLINA NONWHITES, FY1981-1986

OUTCOME OF THREE-MONTH PREGNANCIES*	1980	1981	1982	1983	1984	1985	1986
Observed Abortions[1]	10839	11070	10219	10809	11993	12586	11441
Live Births[2]	27195	26996	27759	26408	26587	27625	28482
Spontaneous Abortions/ Fetal Deaths[3]	2397	2379	2447	2328	2343	2435	2510
Total Conceptions	40431	40445	40425	39545	40923	42646	42433
Expected Abortions[4]		10843	10837	10601	10971	11433	11376
Expected Minus Observed		-227	618	-208	-1022	-1153	- 65
Percent Unmet Demand[5]		-2.1	5.7	-2.0	-9.3	-10.1	-0.6

[1]Fiscal-year resident occurrences.
[2]Calendar-year resident live births (for which conception dates approximate those of fiscal-year abortions).
[3]Estimated by dividing live births by .919 and subtracting live births.**
[4]1980 abortion fraction (10839/40431) applied to total conceptions.
[5](Expected minus Observed)/Expected x 100.

TABLE 3
RELATIVE UNMET ABORTION DEMAND
NORTH CAROLINA NONWHITES, MARCH-JUNE 1981-1986

OUTCOME OF THREE-MONTH PREGNANCIES*	1980	1981	1982	1983	1984	1985	1986
Observed Abortions[1]	3772	3745	3204	3720	4303	4460	4264
Live Births Sept.-Dec.[2]	9322	9363	9649	8839	9241	9477	9867
Spontaneous Abortions/ Fetal Deaths[3]	822	825	850	779	814	835	870
Total Conceptions	13916	13933	13703	13338	14358	14772	15001
Expected Abortions[4]		3777	3714	3615	3892	4004	4066
Expected Minus Observed		32	510	-105	-411	-456	-198
Percent Unmet Demand[5]		0.8	13.7	-2.9	-10.6	-11.4	-4.9

[1]Resident occurrences.
[2]Resident live births for which conception dates approximate those of March-June abortions.
[3]Estimated by dividing live births by .919 and subtracting live births.**
[4]1980 abortion fraction (3772/13916) applied to total conceptions.
[5](Expected minus Observed)/Expected x 100.

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*Trussell, James et al., "The Impact of Restricting Medicaid Financing for Abortion," *Family Planning Perspectives*, Vol. 12, No. 3, May/June 1980.

**It has been estimated that 91.9% of pregnancies that reach the third month will proceed to a live birth (in the absence of induced abortion). (See: F.E. French and J.M. Bierman, "Probabilities of Fetal Mortality," *Public Health Reports*, 77:835, 1962.)

- There exists a variable relationship between abortion and averted birth, depending on efficiency of contraception, timing of the abortion, and the age and fecundity of the abortee.

- There exists a variable relationship between denial of abortion and subsequent birth, depending on other abortion opportunities and the possibility of a spontaneous abortion.

- Fertility levels are influenced by changes in both abortion utilization and conception levels.

- Changes in death rates may involve various economic, environmental and health care factors including, in the present case, a recession and cutbacks in several federal programs that affect childbearing-age women and their families.

- Infant outcome indices are subject to changing practices with respect to birthing, for example, recent trends toward unmarried and delayed childbearing resulting in higher-risk pregnancies.

Despite these and other potential confounders, we have demonstrated impressive correlations over time between nonwhite abortion use and the several annual measures of nonwhite fertility and infant outcome. Moreover, we have shown a high degree of correspondence between estimated unmet abortion demand and nonwhite levels of fertility and perinatal mortality. Further, we have noted a moderately high correlation between estimated unmet abortion demand among nonwhites and the total number of state-funded abortions. Meanwhile, we have observed the following changes in the state's nonwhite death rates as compared with changes in the U.S. and the South Atlantic area (8,9):

Changes in Nonwhite Death Rates
Compared to Previous Year

	N.C.	South Atlantic	U.S.
1982 Neonatal Death Rate*	+15%	+1.5%	-4%
1984 Fetal Death Rate	-18%	-10%	-7%

*Based on year of death since matched data are not available for the S.A. and U.S. For the N.C. birth cohort, the neonatal death rate increased 17% between 1981 and 1982.

Based on the above, it would seem that the significant changes observed in North Carolina in 1982 and 1984 must largely be explained by factors somewhat unique to this state, for example, changing levels of abortion opportunity for poor women.

Finally, contrasts between the white and nonwhite correlation coefficients given on page 2 are notable. Assuming race a reasonable surrogate for socioeconomic status, the suggestion is that abortion levels impact upon the fertility of all women but upon the birth outcomes of only the less affluent.

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APPENDIX A

DEFINITIONS

FERTILITY relates live births to the female population exposed to the risk of giving birth, i.e., in total, women 15-44.

ABORTION is the purposeful interruption of pregnancy with the intention other than to produce a liveborn infant or to remove a dead fetus and which does not result in a live birth. Spontaneous abortions are not reportable in North Carolina.

LOW-WEIGHT BIRTH is birth of a liveborn weighing under 2500 grams (5 pounds, 8 ounces or less), regardless of the period of gestation. (Birthweight index recommended by the Expert Group on Prematurity of the World Health Organization, 1950).

FETAL DEATH is death prior to the complete expulsion or extraction from its mother of a product of human conception, irrespective of the duration of pregnancy, as indicated by the fact that after such expulsion or extraction the fetus does not breathe or show any evidence of life, such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles (definition adopted by World Health Organization in 1950). Consistent with North Carolina law, this report uses only fetal deaths which result from pregnancies of 20 or more weeks gestation.

NEONATAL DEATH is death of a liveborn child under 28 days of age.

PERINATAL DEATHS are the sum of registered fetal deaths and neonatal deaths.

POSTNEONATAL DEATH is death of an infant 28 days and over but less than 1 year of age.

INFANT DEATH is death of an infant less than 1 year of age.

UNMARRIED includes women who had never been married or who were widowed or legally divorced at the time of an abortion procedure or more than 280 days prior to a birth.

PEARSON'S r is a statistical measure of the degree to which variables vary together, or a measure of the intensity of association. Where linear correlation is small, r is near zero; where linear correlation is high, r is near +1 or −1.

SPEARMAN'S r_s is a statistical measure of the degree to which the ranks of variables vary together. Like r, the coefficient r_s will lie between −1 and +1.

Formulas

$$\text{Fertility Rate:} \quad \frac{\text{Number of resident live births}}{\text{Number of females in the population}} \times 1{,}000$$

$$\text{Abortion Rate:} \quad \frac{\text{Number of legal abortions}}{\text{Number of females in the population}} \times 1{,}000$$

$$\text{Abortion Fraction:} \quad \frac{\text{Number of legal abortions}}{\text{Number of resident pregnancies (live births plus fetal deaths plus abortions)}} \times 1{,}000$$

$$\text{Abortion Ratio:} \quad \frac{\text{Number of legal abortions}}{\text{Number of resident live births}} \times 100$$

$$\text{Percent Low Birthweight:} \quad \frac{\text{Number of low-weight live births}}{\text{Number of live births}} \times 100$$

Fetal Death Rate: $\frac{\text{Number of fetal deaths}}{\text{Number of live births plus number of fetal deaths}} \times 1{,}000$

Neonatal Death Rate: $\frac{\text{Number of neonatal deaths}}{\text{Number of live births}} \times 1{,}000$

Perinatal Death Rate: $\frac{\text{Number of fetal and neonatal deaths}}{\text{Number of live births plus number of fetal deaths}} \times 1{,}000$

Postneonatal Death Rate: $\frac{\text{Number of postneonatal deaths}}{\text{Number of live births minus number of neonatal deaths}} \times 1{,}000$

Infant Death Rate: $\frac{\text{Number of infant deaths}}{\text{Number of live births}} \times 1{,}000$

APPENDIX B

NORTH CAROLINA DEPARTMENT OF HUMAN RESOURCES
DIVISION OF SOCIAL SERVICES
THE STATE ABORTION FUND
FACT SHEET

HISTORY

1973	United States Supreme Court rules that: during the first trimester of pregnancy the decision regarding abortion is the sole prerogative of the woman and her physician. Second trimester abortions may be regulated by states in ways related to maternal health. North Carolina law limits elective abortions to the first 20 weeks of pregnancy.
1973	Abortion included as a resource of Family Planning Services to AFDC and Medicaid recipients in North Carolina.
October, 1975	Family planning included as a mandatory service in North Carolina under Title XX, with abortion services available as a resource.
August 5, 1977	Federal funding for elective abortions (90% of total cost) discontinued under Medicaid and Title XX programs, resulting in the termination of elective actions as an option for poor women in North Carolina.
February 1, 1978	State Abortion Fund established with all State money to provide reimbursement for abortion services for poor women at maximum rate of $150 for first trimester procedures and $500 for second trimester procedures.
June, 1978	Legislature appropriated $1,000,000 to support State Abortion Fund for FY 78/79.
July, 1979	Income eligibility level reduced to contain costs within the $1,000,000 annual budget allocation.
March, 1981	North Carolina Supreme Court ruled that: State expenditures for elective abortions are legal, but county expenditures are not, as no specific statutory authority exists for counties to levy taxes to fund this service.
July, 1981	Prohibition against transfer of additional funds into the State Abortion Fund should the budget be depleted before the end of the fiscal year included in State Appropriations Act.
February, 1982	Fiscal year 81/82 State Abortion Fund budget fully encumbered, creating a four-month shortfall.
July, 1982	Legislature increased annual State Abortion Fund appropriation to $1,374,500.
July, 1985	Legislature reduced annual State Abortion Fund to $924,500 and added additional eligibility requirements.
June, 1987	Two new rules pertinent to the administration of the State Abortion Fund became effective.
June 25, 1987	Wake County Superior Court Judge Henry Barnette granted a preliminary injunction prohibiting the enforcement of the two new abortion rules.
August, 1987	North Carolina General Assembly approved a budget of $924,500 for the FY 87/88. The State Abortion Fund policies and provisions continue in effect as previous fiscal year.

UTILIZATION OF SERVICES

Time Period	Total Procedures
FY 76/77 - 90% Federal Funds	4,144
FY 77/78 (2/1/78 - 6/30/78) 100% State Abortion Funds	1,123
FY 78/79 - 100% State Abortion Funds	6,125
FY 79/80 - 100% State Abortion Funds	6,343
FY 80/81 - 100% State Abortion Funds	5,730
FY 81/82 - 100% State Abortion Funds	4,295
FY 82/83 - 100% State Abortion Funds	6,149
FY 83/84 - 100% State Abortion Funds	6,645
FY 84/85 - 100% State Abortion Funds	6,821*
FY 85/86 - 100% State Abortion Funds	2,758*
FY 86/87 - 100% State Abortion Funds	4,343*

*Updated figures for these years were obtained by personal communication with Rosalyn Pettyford on April 28, 1988.

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